

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10887

20887

3

40

51

6

70

82

9420.1

10

11

125-0

1330

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Moberly

Length of stay in 1b  
30 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Woodland Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Randolph

c. CITY OR TOWN  
Moberly

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1355 Concannon St

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Daniel Barnhouse

4. DATE OF DEATH  
Month Day Year  
10/22/63

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11/8/902

9. AGE (last birthday)  
61  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Putnam

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George S. Barnhouse

13b. MOTHER'S MAIDEN NAME

Amelia Smith

14. NAME OF HUSBAND OR WIFE

Morine Barnhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
3 Morine Barnhouse Moberly, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction 5 hrs.  
Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21. I attended the deceased from January 1960 to Oct. 1963 and last saw her alive on October 22, 1963  
Death occurred at 10:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Paul H. Hatten MD

22b. ADDRESS

121 So. Williams, Moberly, Mo.

22c. DATE SIGNED

10-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/24/63

23c. NAME OF CEMETERY OR CREMATORY

Oakland

23d. LOCATION (City, town, or county)

Moberly Mo

24. FUNERAL DIRECTOR

Million & Greer Moberly, Mo

25. DAY RECD. BY LOCAL REG.

Oct. 25, 1963

26. REGISTRAR'S SIGNATURE

D. Cecil White

NOV 5 1963

OCT 30 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John A. Green*

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Not Embalmed*